

# **Application Data Sheet**

#### **Application Information**

Application number:: 10/656,482

Filing Date:: 09/05/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Genetically Filtered Shotgun Sequencing of

Complex Eukaryotic Genomes

Attorney Docket Number:: 021031-000113US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 9

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency:: U.S. Dept. of Agriculture

Contract or Grant Numbers One:: Agricultural Research Service Grant #97-35300-

4564

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Secrecy Order in Parent Appl.:: No

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: W.

Middle Name:: Richard

Family Name:: McCombie

Name Suffix::

City of Residence:: Cold Spring Harbor

State or Province of Residence:: NY

Country of Residence:: US

Street of Mailing Address:: Lita Annen Hazenberg Genome Sequencing

Center

City of Mailing Address:: Cold Spring Harbor

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 11724

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom

Status:: Full Capacity

Given Name:: Robert

Middle Name:: A.

Family Name:: Martienssen

Name Suffix::

City of Residence:: Cold Spring Harbor

State or Province of Residence:: NY

Country of Residence:: US

Street of Mailing Address:: 1 Bungtown Road

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City of Mailing Address::

Cold Spring Harbor

State or Province of mailing address::

NY

Country of mailing address::

Postal or Zip Code of mailing address:: 11724

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Argentina

Status:: Full Capacity

Given Name:: Pablo

Middle Name:: D.

Family Name:: Rabinowicz

Name Suffix::

City of Residence:: Cold Spring Harbor

State or Province of Residence:: NY

Country of Residence:: US

Street of Mailing Address:: 1 Bungtown Road

City of Mailing Address:: Cold Spring Harbor

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 11724

**Correspondence Information** 

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

This application

Continuation of

09/713,426

11/15/00

09/713,426 09/430,409

Continuation-in-part of An Appln. claiming

09/430,409

10/29/99

benefit under 35 USC

60/121,453

02/24/99

119(e) of

# **Foreign Priority Information**

Country::

Application number::

Filing Date::

# **Assignee Information**

Assignee Name::

Cold Spring Harbor Laboratory

Street of mailing address::

1 Bungtown Road, P.O. Box 100

City of mailing address::

Cold Spring Harbor

State or Province of mailing address::

NY

Country of mailing address::

Postal or Zip Code of mailing address:: 11724